

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051631

1. Corporation Name

PENALTY BOX LOUNGE, INC

Principal Place of Business

Mailing Address



2. Principal Place of Business

21 1921 S.W. 3 ST

2a. Mailing Address

26 1921 SW 3ST

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Pompano Beach FL

28 City & State

Pompano Beach, FL

24 Zip

33060

25 Country

BWD

29 Zip

33060

30 Country

BWD

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

7/3/95

3a. Date of Last Report

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name

ROSAIRE PAIEMENT

82 Street Address (P.O. Box Number is Not Acceptable)

1921 SW 3 ST

83

84 City

Pompano Beach FL

85 Zip Code

33060

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.050, Florida Statutes.

SIGNATURE: *Rosaire Paiement*

8/9/96

Signature, typed or printed name of registered agent, and title if applicable

PR 111 The registered agent (signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (SEE 12)

TITLE: PD
NAME: ROSAIRE PAIEMENT
STREET ADDRESS: 3351 S. PALM AIRE DR
CITY-ST-ZIP: POMPAÑO BEACH FL 33069

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: TAMMY PAIEMENT
STREET ADDRESS: 2200 N.E. 52 ST
CITY-ST-ZIP: FT LAUDERDALE FL 33308

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE: [DELETE]
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

200001921082
-08/13/96--01149--023
***8.75

600001921086
-08/13/96--01149--024
***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tammy Paiement*

TAMMY PAIEMENT

8/9/96

954-971-9694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR